

DEVELOPMENT SERVICES DEPARTMENT  
**Building Safety Division**



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## PATIO COVER PERMIT APPLICATION

<b>Project Name:</b> _____ <b>Property Address:</b> _____ <b>Sq. Ft.:</b> _____ <b>Parcel #:</b> _____ <b>Lot#:</b> _____ <b>Project valuation:</b> _____ <b>City's valuation:</b> _____ <b>Property Owner:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Email:</b> _____ <b>Contact name for inspections:</b> _____ <b>Contact phone # for inspections:</b> _____ <b>Property Owner and Contact Person will be notified via email when comments/plans/permits are available for pickup.</b>	<b>Contact Person:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____ <b>Licensed Contractor: (Required prior to permit issuance!)</b> <b>Company Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>ROC License #:</b> _____ <b>Class:</b> _____ <b>AZ State Tax #:</b> _____ <b>Phone #:</b> _____ <b>Signature of Owner/Owner's Representative:</b> _____ <b>Date:</b> _____
<b>ALL SUBMITTALS FOR THE ABOVE ARE TO INCLUDE THE FOLLOWING:</b> <input type="checkbox"/> One completed Patio Cover Permit Application <input type="checkbox"/> 2 copies of the plot plan detailing the location of the patio cover including setbacks to property line <input type="checkbox"/> 2 copies of the Patio Cover plans including dimensioned construction drawings denoting post locations, footing sizes, beam spans, rafter spans and spacing <input type="checkbox"/> 2 copies of current sealed and signed patio cover standards with all applicable selections highlighted (10 psf live load – alumina lattice only)	<b>This application is hereby made for permission to do the following:</b> _____ _____ _____ _____ <b>Fees:</b> <input type="checkbox"/> Residential: Permit fees based on City's valuation + <u>\$35.00 plan review fee (due at the time the submittal is made)</u> <input type="checkbox"/> Residential Revision: \$35.00 + \$100.00 per hour for 3 <sup>rd</sup> and subsequent reviews (ALL plan review fees are due at the time the submittal is made)

Date Filed: \_\_\_\_\_ Rcvd By: \_\_\_\_\_ Permit #: \_\_\_\_\_ Plan Review Fee Rcvd: \_\_\_\_\_